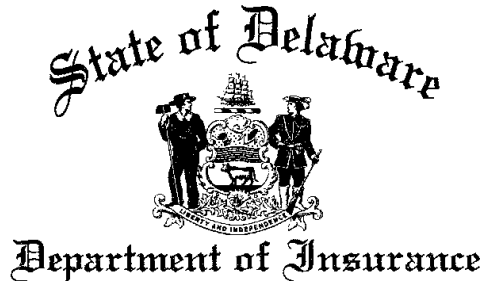


INSURANCE COMMISSIONER



841 SILVER LAKE BLVD.
DOVER, DELAWARE 19904-2465
(302) 739-4251
FACSIMILE (302) 739-5280

**DESIGNATION OF PERSON FOR
RECEIPT OF SERVICE OF PROCESS**

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

(NAME OF COMPANY)

hereby designates the following as the person to whom process served upon the Commissioner against the above-cited company is to be forwarded [18 Del. C. Section 524(e)]

NAME OF DESIGNEE: _____

TITLE: _____

ADDRESS: _____

PHONE: () _____ FAX: () _____

EIN #: _____ STATE OF INCORPORATION: _____

WITNESS my hand and seal of the Company affixed hereto this ____ day of _____, 20____.

(SEAL) BY: _____

TITLE: _____